

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 701861	RECEIPT DATE:	12 / 05 / 00
IA NUMBER:	PCT/ GB99 / 01766	IA FILING DATE:	03 / 06 / 99
FAMILY NAME:	KAPLAN	DELAY WAIVED (Y/N):	N
GIVEN NAME:	ROBERT	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 06 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:		COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: ROBERT KAPLAN

STREET: 4 CRESWICK WALK

CITY: LONDON

STATE/COUNTRY: GBX ZIP: NW11 6AN

EMAIL:

APPLICATION TITLES:

METHOD AND APPARATUS FOR ACCESSING WEB SITES VIA THE INTERNET

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

Bib Data Sheet

SERIAL NUMBER 09/701,861	FILING DATE 12/05/2000 RULE -	CLASS 709	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. -
APPLICANTS Robert Kaplan, London, UNITED KINGDOM;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/GB99/01766 03/06/1999				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9811941.5 06/03/1998 UNITED KINGDOM 9814947.9 07/09/1998 UNITED KINGDOM 9908554.0 04/14/1999				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/02/2001 ** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 12	TOTAL CLAIMS 20
				INDEPENDENT CLAIMS 3
ADDRESS AIR MAIL Robert Kaplan 4 Creswick Walk London, NW11 6AN UNITED KINGDOM				
TITLE Method and apparatus for accessing web sites via the internet				
FILING FEE RECEIVED 686	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	